

Health,  
Welfare  
Public  
Service

FILED SEP 19 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31951

STATE FILE NUMBER  
3957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3957

1. PLACE OF DEATH a. COUNTY <u>Childrens Mercy Hospital</u> <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingsstone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chillicothe Kansas City</u>		c. CITY OR TOWN <u>Chillicothe</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Childrens Mercy</u>		d. STREET ADDRESS <u>R.R. #1</u>	
3. NAME OF DECEASED (Type or print) First <u>Patty</u> Middle <u>Joan</u> Last <u>Jacobs</u>		4. DATE OF DEATH Month <u>8</u> Day <u>22</u> Year <u>57</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12/31/43</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>Chillicothe, Mo</u>
13a. FATHER'S NAME <u>Melvin Jacobs</u>		13b. MOTHER'S MAIDEN NAME <u>Mabel Prouitt</u>	14. NAME OF HUSBAND OR WIFE <u>child</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Mother</u> Address <u>Chillicothe Mo. R.R. #1</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute myelocytic leukemia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			<u>2041</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>8/13/57</u> to <u>8/22/57</u> and last saw her alive on <u>8/22/57</u> Death occurred at <u>11:12</u> P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Wayne Hart M.D.</u>		22b. ADDRESS <u>KANSAS City, Mo.</u>	
		22c. DATE SIGNED <u>8.23.1957</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>AUG. 23, 1957</u>	
23c. NAME OF CEMETERY OR CREMATORY _____		23d. LOCATION (City, town, or county) (State) <u>CHILICOTHE MISSOURI</u>	
24. FUNERAL DIRECTOR ADDRESS <u>D. W. NEWCOMER'S SONS, KANSAS City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-23-57</u>	
		26. REGISTRAR'S SIGNATURE <u>Reva Marshall</u>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Wayne Hart

MP  
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SEP 19 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Chester K Brown*

Licensed Embalmer No. *492*  
P. O. Address *KO Me*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.